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FEC FORM 3

### REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

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1. NAME O	F TEE (in full)	TYPE OR PRINT ▼		ample: If typing, to er the lines.	ype 1	2FEAN6M	AIL CENTER	ata a milija
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- Internation of the last of t	ENTIFICATION NU		CITY A. IS THIS REPORT	NEW (N) C	ST/	AMENDED (A)	ZIP CODE STATE ▼	DISTRICT
	of REPORT (Cherterly Reports:  April 15 Quarterly F  July 15 Quarterly R  October 15 Quarter  January 31 Year-En  Termination Report	deport (Q1) eport (Q2) ly Report (Q3) d Report (YE) (c)	Election on	-Election Report for Primary (12P)  Convention (12C)  M M M / D  T-Election Report  General (30G)		General (12G Special (12S)	in the State of	off (12R)
5. Covering	· Contractor	7 0.1 YZ		through	Name of the last o	3.0 ' Ž		<del></del>
Type or Print Signature of NOTE: Submis	Name of Treasurer  Treasurer  ssion of false, errone	eous, or incomplete in	drew d	G. And	Te wS	Report to the	penalties of 2 U.S.	<del></del>
Us On							FEC FORM (Revised 02/2003	

#### **SUMMARY PAGE** FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

w	rite or Type Committee Name	naros For Congress	
Re	eport Covering the Period: From:	7 ' 0,1 ' 2 0 1,3 T	To: 0.6 / 3.8 / 2.0.1.3
6.	Net Contributions (other than loans)	COLUMN A This Period	COLUMN B Election Cycle-to-Date
	(a) Total Contributions (other than loans) (from Line 11(e))		
	(b) Total Contribution Refunds (from Line 20(d))		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	1.6,0,0	1.9.0.0
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8.	Cash on Hand at Close of Reporting Period (from Line 27)	4,0,5,8,9,1	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

	FEC Form 3 (Revised 02/2003)	of Receipts	Page <b>3</b>
Wri	ite or Type Committee Name		
	Gianna	ros For Congress	
Re	port Covering the Period: From:	4 20.13 To	o: 0.6 / 3.6 / 2.0.1.3
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
	(ii) Unitemized (iii) TOTAL of contributions from individuals		
	(b) Political Party Committees(c) Other Political Committees (such as PACs)		
	(d) The Candidate		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	LOANS: (a) Made or Guaranteed by the Candidate		
	(b) All Other Loans		
	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15.	OTHER RECEIPTS (Dividends, Interest, etc.) Interest		4.6
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		4.6

FEC Form 3 (Revised 02/2003)

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	51,00	5400			
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	and the second s	and the state of t			
19.	LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed by the Candidate					
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other Than Political Committees					
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))					
_	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	250000	25000D			
	III. CASH SL	JMMARY				
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	6,6,0,9,8,0			
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)				
25.	SUBTOTAL (add Line 23 and Line 24)	·	660391			
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	2,551,00			
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		4,0,5,8,9,1			

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SCHEDULE	В	(FEC	Form	3)
ITEMIZED D	ISE	URSI	EMEN	TS

			<i>:</i>								
	CHEDULE B (FEC Form 3)	Use separate sched	ule(s) (c	FOR LINE NUMBER: PAGE / OF I check only one)					Ī		
ı	EMIZED DISBURSEMENTS	Detailed Summary Page			17 20a	Н	18 20b	Н	19a 20c	X	19b 21
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a				the purp		of solici		contrib	ution	ns
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  Giannaros For C	oparess			<u> </u>						
_	Full Name (Last, First, Middle Initial)	7		T					·		
۹.				Date	of Disb	urse	ment				
	Malling Address 330 Main St.	· · · · · · · · · · · · · · · · · · ·		0	4	0	6 '	Z .	01	3	
	City Hartford  Purpose of Disbursement	Zip Code 06106		Amo	unt of Ea		Disburse		nt this F	erio	d
	Purpose of Disbursement Political Contribution						male man	5	$D_{i}D_{j}$	0 (	0
	Candidate Name	==	Category/								
	Office Sought: House Disbursement For		Туре	/pe Perfund o				or Disposal of Excess tions Required Under			
	Senate Primary	General					R. 400.5		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_	State: District:   Full Name (Last, First, Middle Initial)										
В.	Blumenthal For Connect Mailing Address	ricut		Date	of Disb		minis Su	*****		ntienne V H	
	Mailing Address			0	91	<u>0</u> .	6	2	O.j.	3	
	777 Summer St.  City Stanford CT	Zip Code 06901		Amo	unt of E	ach	Disburse	eme	ent this f	erio	od
	Purpose of Disbursement Pullichical Contribution	l gr	011					0,	0,0	<u>()</u> .	D
	Candidate Name Richard Blumentha	""	Category/ Type								
		: General specify) ▼			Co	ntrib	or Dispoutions F R. 400.5	lequ			
_	State: CT District:		<del></del>	<u> </u>							
_	Full Name (Last, First, Middle Initial)			Date	of Disb	urse	ment				
۔ نیا				1							

Blune	nthal For	Connecticut		M M / D D / V V V
Mailing Address				0.4 0.6 2.0.1.3
ファ	7 Summer	ST.		
City	nford	State Zip Code		Amount of Each Disbursement this Period
3/44	ntord	CT 06901		
Purpose of Disbu			-	2,0,0,0,0
P	Unitical C	pntribution	0.1.1	
Candidate Name	0.1	<b>9</b> , _1)	Category/	
		Blumenthal	Туре	Refund or Disposal of Excess
Office Sought:	House	Disbursement For:		Contributions Required Under
	x Senate	Primary General		11 C.F.R. 400.53
	President	Other (specify) ▼		
State: とア	District:	<u></u>		
Full Name (Last,	First, Middle Initial)			
_				Date of Disbursement
·			. <del></del>	MM/DD/YYYY
Mailing Address				
City		State Zip Code		Amount of Each Disbursement this Period
			·	
Purpose of Disbu	irsement			
Candidate Name			Category/	
			Туре	Refund or Disposal of Excess
Office Sought:	House	Disbursement For:		Contributions Required Under
	Senate	Primary General		11 C.F.R. 400.53
	President	Other (specify)		
State:	District:			
		-		hambanden lendandandendenden beschrieben

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

### **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):